

# **Assessing and Working With Angry People**

**Ronald J Diamond M.D.**

**Wisconsin Bureau of Community  
Mental Health**

**And**

**Department of Psychiatry,  
University of Wisconsin**

**A Native American grandfather was talking to his grandson about how he felt. He said, "I feel as if I have two wolves fighting in my heart. One wolf is the vengeful, angry, violent one. The other wolf is the loving,compassionate one." The grandson asked him, "Which wolf will win the fight in your heart?" The grandfather answered, "The one I feed."**

From Timeline, a publication of the Foundation for a Global Community

# Which angry people scare us?

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- Gender
- Size
- Different ethnicity/race
- Larger body movements

# Make sure that you feel safe

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- You cannot be effective if you are frightened
- Are you at risk?
- How can you decrease your personal risk?
- Consider both your own subjective response AND the objective risk

# Identifying patients at risk for becoming assaultive

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- **Start assessment with initial eye contact**
- **Assess need for space**
- **Assess for Agitation**
- **Assess willingness to connect**
- **Does person escalate or de escalate**
- **Be alert for non-verbal signs**
- **Take verbal threats seriously**
- **Stay aware of your own sense of danger**

# Identifying patients at risk for becoming assaultive

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- Intoxication
- Drug or alcohol withdrawal
- Other medical reasons for disinhibition

# Identifying patients at risk for becoming assaultive

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## History of Violence

- What was nature of the violence
- What was the interpersonal context
- How long ago--what has happened since
- How is this similar to or different from other episodes of violence

# Identifying patients at risk for becoming assaultive

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## History of Violence (continued)

- How fast did it develop in the past
- What were the early warning signs of escalation
- How did it end--de-escalation



# Assessment of physical context

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- Where are you?
- How much space is available
- Who is around
- Does the context support violence or calm

# Relationship between anger and violence

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- Intoxication
- Active psychotic symptoms

**There is increase in violence in people who are both psychotic and intoxicated**

**Anger makes violence more likely, but is neither necessary nor sufficient**

# Basic Emotions

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- Acceptance
- Anger
- Curiosity
- Disgust
- Fear
- Joy
- Sadness
- Surprise

# Presentation of Anger

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- How do you know some else is angry
- How do you know that you, yourself is angry

Jill Reshke

# Psychology of Anger

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## Interpersonal

- **What is anger for?**
  - Gets people to listen/attend
  - Gets people to back off/distance
  - Gets people to respond
- **What are the consequences of anger?**
  - People stay away

Adapted from Lorna Benjamin and Jill Reshke

# Psychology of Anger

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## Intrapsychic

- **What effect does your own anger have on you**
  - **Tiring**
  - **Blocks enjoyment**

## Lack of Specificity

- **Turns off extraneous information**
- **Limits options**
- **Helps you “win”**
- **Your point of view is correct-PERIOD**

Adapted from Lornal Benjamin and Jill Reshke

# What Makes You Angry?

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# What Makes You Angry?

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- Not being listened to
- Being threatened
- Being made to feel you were stupid
- Being made that you did something wrong
- Having someone disagree with you
- Being frustrated that no one believes you
- Getting confused about what is going on
- Having people lie to you
- Having people talk about you behind your back



# What Makes You Angry?

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- Anger spilling over from someone or something else
- Being tired
- Being drunk

# Role of psychiatric symptoms

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- **Psychosis**
  - **Hallucinations**
  - **Delusions**
- **Mania**
- **Depression**
- **Transference: projection of feelings from experience with someone else**

# **Intoxication and Violence**

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## **Intoxication**

- increases impulsivity**
- Increases disinhibition**
- Increases confusion and misperception**
- Increases mood lability**

**Anyone who is intoxicated is potentially and unpredictably violent**

# **Risk factors for Violence**

- **Contact with the public**
- **Exchange of money**
- **Delivery of passengers or goods**
- **Having a mobile workplace, such as a car**
- **Working with unstable or volatile patients in health care, social service or criminal justice**
- **Working alone or in small numbers**
- **Working late at night or early morning**
- **Working in high-crime areas**
- **Working in community-based settings**

**Collins and Coz 1987, Davis 1987, Kraus 1987, Lynch 1987, Castillo and Jenkins 1994**

# Other reasons for anger

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- Anger as habit, as an ongoing coping mechanism
- Anger from impulse control problems
- Chronic anger

# **What do you want when you are angry?**

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- **To be heard**
- **To have someone on your side**
- **To have something happen soon**
  
- **Generally, you do not want your friend and support to be “reasonable” while you are being furious**

# Working with someone who is angry

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- Calibrate yourself
  - How are you feeling?
  - How does anger effect you?
  - We tend to get scared by anger. What is your experience with anger?
- Are you feeling safe?
  - If not, why not?
  - What would it take for you to feel safe?
  - You cannot listen if you are worried about safety

# CPI model

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## Crisis Development

1. Anxiety
2. Defensive
3. Acting-Out
4. Tension Reduction

## Staff Response

- Supportive
- Directive
- Physical  
Response
- Therapeutic  
Report

Caraulia and Steiger: Nonviolent Crisis Intervention 1997



# Working with someone who is angry

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- What does the person want?
- **Assumption: Everyone wants something**
- Does the person want to make you scared?
  - If yes, why? How will making you scared help him or her get what he wants?
  - If not, how can the person help you become less scared so you can better help him get what he wants?

# **Working with someone who is angry**

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- **How to side with the patient**
- **What does the patient want**
- **What part of that can you help with or agree with**
- **Make sure the patient feels heard**
- **Concentrate on areas of agreement rather than areas of disagreement**

# Active Listening

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- **Avoid being judgmental**
- **Give undivided attention**
- **Focus on feeling- what is being said**
- **Use silence - when to stop talking**
- **Use restatement**

**Caraulia and Steiger**

**Nonviolent Crisis Intervention**

**1997**

# Pacing

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- Speech kinetics
- Non-verbal cues
- Content of conversation

# Non-verbal behavior

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- Distance / position
- Stance / movement
- Paraverbal (how we sound)

# Avoid Power Struggles

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- What do we need?
- What does the client need?
- What can we give in on?
- Arrange for both sides to “win”

# **Clinical Assessment of Violent Behavior**

- **History of Violence**
- **Intoxication or withdrawal**
- **Current context**
- **Escalation towards violence**

# Assessment Techniques:

Shawn Shea 1998

- **Behavioral Incident:** ask for specific behavior, details or trains of thought
  - When did you last hit or push her?
  - What was happening at the time?
  - What was happening right before that?
  - What happened then?



# Assessment Techniques:

Shawn Shea 1998

- **Gentle Assumption:** assumes the behavior is occurring
  - When was the last time that you hit her?
  - What other fights have you gotten into in the last year?
  - How many times did you hit your last girlfriend?

# Assessment Techniques:

Shawn Shea 1998

- **Denial of the Specific:** gently assume a specific behavior in the question
  - Do you have a gun? How about access to a gun? How would you get a gun if you needed one?
  - Do you ever carry a knife?
  - Have you been arrested?
  - Have you ever had an OWI?

# **CASE: Chronological Assessment of Violent Events**

**Shawn Shea 1998**

**Presenting  
Violent  
Event**

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graph LR; A[Presenting Violent Event] --> B[Recent Violent Events  
Last 2 months]; B --> C[Past Violent Events]; C --> D[Immediate Future];
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The diagram is a flowchart with four rectangular boxes arranged in a descending staircase pattern from top-left to bottom-right. Each box is outlined in yellow and contains white text. Yellow arrows connect the boxes in a sequence from left to right, with each arrow starting from the bottom of one box and pointing to the left side of the next box.

**Recent Violent  
Events  
Last 2 months**

**Past Violent  
Events**

**Immediate  
Future**

# Working with Angry people

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**Role of medication: what can it accomplish?**

- **Short term**
- **Long term**

**Role of co-therapist**

- **Avoid being defensive**

# De-escalation Key Points

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- **Overdose: Use Agreement**
- **Be Flexible**
- **Listen Actively**
- **Reflect Empathy**
- **Gentle Attitude**
- **Gentle Tone**
- **Redirect: don't Resist**

Greg Van Rybroek



**"Rub his belly, Ernie! Rub his belly!"**



**Pleasing  
customers  
is our  
number one  
goal.**



## References:

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- McCay, E. and Toner, K. (1995). “The Relationship Between Nurses Limit-Setting Styles and Anger in Psychiatric Inpatients.” Psychiatric Services 46(6): 609-613.
- Shea, SC. The Art of Moving with Resistance: ch 10 pp 575-621 in *Psychiatric Interviewing: The Art of Understanding 2nd edition*